

RIPPONDEN
URBAN DISTRICT COUNCIL


ANNUAL REPORT

OF THE

Medical Officer of Health

(S. H. BROCK, M.B., B.Ch. D.P.H.)

FOR 1971



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PUBLIC HEALTH STAFF

Ripponden U.D.C.

Medical Officer of Health :

S. H. BROCK, M.B., B.Ch., D.P.H.

Deputy Medical Officer of Health :

Vacant.

Public Health Inspector and Surveyor :

J. GOULDEN, M.R.S.H., M.P.H.I.A.

West Riding County Council :

Preventive Medical Services : Health Division 18.

Staff with duties in the Ripponden District.

Divisional Medical Officer: as above (M.O.H.).

Senior Departmental M.O. and School M.O.:

Vacant.

Departmental Medical Officer and School M.O.:

*W. C. McKERR, M.B., B.Ch., B.A.O.

*S. CHARI, M.B., B.S. (Burma). (commenced 2.6.71).

School Dental Officer:

Miss J. ROTHERA, L.D.S.

Divisional Nursing Officer:

*C. J. BARKER, S.R.N., S.C.M., H.V. Cert., Queen's Nurse.

Nursing Officer (Health Visiting):

*S. M. GRAYSON, S.R.N., S.C.M., H.V. Cert. (commenced 1.9.71).

Nursing (Midwifery):

*S. M. GAULE, R.S.N., S.R.N., S.C.M. (commenced 12.7.71).

Nursing Officer (Home Nursing):

*E. BRIGGS, S.R.N., S.C.M., District Training Cert. (commenced 1.11.71).

Health Visitor:

*M. HOLDSWORTH, S.R.N., S.C.M., Q.D.N. H.V. Cert.

Tuberculosis Health Visitor:

*B. G. NICHOLL, S.R.N.

Mental Welfare Officers:

*R. ALLEN, R.N.M.S.

*I. R. SISSLING.

(This service transferred to Social Services Dept. 1.4.71).

Midwife:

*I. MUSGROVE, S.C.M.

Home Nurse:

*K. BOTTOMLEY, S.R.N., Queen's Nurse.

Domestic Help Service:

Organiser:

*M. REDFERN (commenced 1.1.71).

Assistant Organiser:

*E. O'BRIEN (commenced 1.3.71).

(This service transferred to Social Service Dept. 1.7.71)

Joint Clerical Staff—engaged in all constituent districts of the Division, viz. Todmorden, Hebden Royd, Hepton, Sowerby Bridge and Ripponden.

Divisional Administration Officer: H. MARSHALL,
A.C.I.S., A.R.S.H.

Miss M. J. CROWTHER.

Mrs. S. M. HALLSWORTH (née HORSFALL).

Miss K. GILL.

K. G. HOLLAND.

Mrs. L. F. CLARKE, D.M.A.

Mrs. M. CRIDGE.

Mrs. M. THACKRAY.

Miss C. G. HIRST (resigned 27.8.71).

Miss A. LONGBOTTOM.

Mrs. B. M. SUTCLIFFE (commenced 1.1.71—transferred
to Social Services Dept. 1.7.71).

Miss S. E. KETTLEY (commenced 22.9.71).

Halifax Area Hospital Management Committee.

Consultant Staff :

Chest Physician:

BERTRAM MANN, B.Sc., M.D., D.P.H.

Ear, Nose and Throat Surgeon:

P. J. BATCHELOR, M.B., B.S., F.R.C.S.(E), D.L.O.

Ophthalmic Surgeon:

S. B. DAVIES, M.R.C.T., L.R.C.P., D.O.

Orthopaedic Surgeon:

J. K. OYSTON, M.B., B.S., F.R.C.S.

*Also have duties in other parts of this division.

The Abraham Ormerod Medical Centre,

Todmorden.

August, 1972.

To the Chairman and Members of the Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the health of the Urban District of Ripponden for 1971 which was my first complete year in the combined post of Medical Officer of Health to the Authority and Divisional Medical Officer for the West Riding County Health Services. Under the scheme your Medical Officer of Health has similar functions and responsibilities in the other seven districts in the combined division which includes the County area served by the Halifax Hospitals.

1971 was a year of changes — changes effected, changes proposed nationally and locally, involving not only Health Services but Social and Education Services and, indeed, local government as a whole. Paramount amongst these in interest during the first half of the year was the launching of the Social Services Department and the gradual transfer of responsibility for Home Helps, Mental Welfare Officers and some other services from the Health Department to the Social Services Department.

The excitement of this exercise had scarcely begun to abate when we received the Consultative Document on the re-organisation of the Health Services as a basis for discussion upon which the proposed unification and future management of the health services would take place.

There are two points I would like to bring in here indicating how changes locally in the work of this department were introduced to phase in with these major events.

First, whilst clearly intended that the Social Services Department should press ahead as rapidly and effectively as possible through the stages of planning the administration and the assimilation of the work into the new department the initial shortage of premises and manpower led to a period of difficulty in providing all the intended services for the community. The vital need for close liaison between departments dealing with related problems affecting the community became underlined and initiated the development of co-operative links with the Social Services and other departments at various levels, aimed at overcoming the difficulties encountered during this time. Perhaps if transfer of responsibilities to the new Social Services Department had been timed to coincide with the other major changes in the

Health Services and Local Government there would have been more opportunity for preparation. On the other hand, it may be that important lessons are to be learned about the necessity of advance preparation so that, when the time comes, changes in the Health Services may proceed as smoothly as possible. Initially, of course, these changes will involve particular members of staff and administration rather than patients but it is my view that the acid-test of the service is its quality and availability as far as the recipient i.e. patient, is concerned. For this reason we have pursued locally, and without exception with the encouragement of Family Doctors, the concept of the community health team providing a co-operative system of primary care for the public. Health visitors had already become identified with particular practices and, during the year, attachment of Home Nurses was completed. Preliminary discussions took place to enable midwives to work as closely as possible with small groups of a few Family Doctors to improve liaison in the provision of midwifery care.

I am convinced that, if these primary care teams are well established by 1974 and effective links consolidated with related departments, it will already have contributed much, locally, to future amalgamation of the services and to ensuring that the patients' welfare is not put at risk whilst the new ranks are being closed.

The second point which determined certain changes during the year was the perennial and widespread complaint of shortage of staff. Already short all round in the midwifery, health visiting and nursing establishment, this was a year bedevilled by illness in the staff, several of whom required major surgery and long periods of sick leave. The medical staff position, likewise was seriously short of manpower and I would like to record my appreciation to those family doctors who provided their services and help particularly in the child welfare clinics. Fortunately the medical staff position improved considerably during the course of the year.

The shortage of health visitors was part of the reason for pushing ahead as rapidly as possible with the developmental assessment programme for pre-school children and the introduction of the pre-school medical examination at the age of 4½ years. Not only were there sound reasons for regarding this system as advantageous in the monitoring of the child's health and development, but it was incorporated in general changes involving infant welfare work and immunisation policy to allow the health visitors scope in using their time as effectively as possible. Under this scheme a series of screening tests are carried out by the health

visitors at intervals during the child's pre-school life and, at less frequent intervals, the doctor conducts other tests and medically examines the child. In addition routine vision and hearing tests are carried out. By this means any problem or deviation from the normal is identified and treatment arranged without delay. On the whole this scheme has been very well received by parents and the interest shown by mothers in the home visits and their co-operation in clinic attendance is most gratifying. However, there is one sphere of developmental assessment which so far has not been as successful as we would wish. This is the hearing test carried out during the infant's first year of life where the failure rate to attend for the test is, on average, over 50 per cent. It is essential to bring home to mothers the importance of this test ; they have to be made to realise that this test is designed not merely to ascertain the child's ability to hear noise but to ensure that he can appreciate the full range of vocal sounds. If a child cannot hear a complete speech scale he may well suffer educationally, emotionally and socially as well as having difficulty with speech development.

The pre-school examination is a comprehensive review of the child's progress with a full medical examination at which the child also receives his "booster" immunisation. The advantages here are that any physical, mental or emotional problems likely to affect the child's education are brought to the attention of the teacher before the child enters school and the method of management discussed and applied from his first day in school. Similarly he has been given additional protection against the routine infectious diseases before he is exposed to the increased risk of contact in the larger school population.

The Halifax Hospitals provide hospital services for the Urban District and the other seven districts comprising this County Division and following the publication of the Consultative Document on the Unification of the Health Services planning of services will take into account these co-ordinated roles. There is, at present, a considerable degree of co-ordination of hospital, general practitioner and local health authority services in e.g. midwifery through the regular meetings of the maternity liaison committee and in the successful development of the Geriatric Day Hospital at Northowram. Along with the main geriatric hospital, commissioned in September 1970, an effective geriatric service is provided at Northowram for long stay and day geriatric patients. Further developments at this hospital will include a new psychiatric unit for longer stay patients. At Halifax General Hospital, among the major developments during 1971 were the new acute psychiatric unit of sixty beds and day hospital and a

very fine new maternity unit with full range of services. The Royal Halifax Infirmary is likewise the subject of close consideration for future extensions and improvement of facilities.

The vital statistics for the year under review showed a slight decrease in the population whilst there was, as in 1970, an increase in the birth rate. No infant deaths occurred during the year.

The death rate was appreciably less than in 1970 which had shown a fairly sharp increase in male deaths. It was this group which, again, accounted for the change, the number of male deaths dropping from 42 to 26. The main single cause of death in both sexes, of course, continues to be diseases of the heart and circulation; within this classification, Coronary heart disease exacted the highest toll.

Measles continued to be the most commonly notified infectious disease during the year with a total of 47 cases. Mothers are urged to protect their children against this condition by vaccination which is now included in the routine vaccination and immunisation programme and carried out during the child's second year of life. Whilst most children who develop measles make a satisfactory recovery following, what is usually a miserable period of illness, there is always a possibility of complications occurring such as bronchitis, ear inflammation or even effects on the nervous system. When this occurs the condition must be regarded as being rather more serious than "a period of miserable illness." How much better it is to avoid such an occurrence taking place by protecting the child in the first instance.

There was a change in the routine immunisation procedure by the withdrawal of routine vaccination of infants against smallpox. This national policy followed the recommendation made to the Department of Health by the advisory committee on vaccination and immunisation and was based on progress made on the international front by the World Health Organisation eradication programme and the view that, in this country, the risks of continuing routine vaccination of infants outweighs the advantages as a preventive measure. People travelling to areas where smallpox is still a threat and those at special risk, e.g. ambulance staff continue to be vaccinated as a routine.

The prevention and early detection of disease continues to be an important aspect of the work of the department. An example of this role, of course, is the cervical cytology screening clinic and, during the early part of the year the staff took part in a pilot scheme, organised by the Office of Population Censuses and Statistics aimed at devising a routine national scheme to recall women for cervical cytology at an interval of five years after the

initial screening. Prior to this, arrangements for recall varied considerably from one part of the country to another.

The housing statistics indicate the action taken by the Council in dealing with unfit properties during the year. Representations were made in respect of 18 houses in clearance areas and two unfit houses. Encouragement is given to owners by the Council to bring up to standard older properties which are structurally sound and capable of improvement, by means of grants. This scheme has been given wide publicity and is a means of making full use of the older type property which lacks amenities but is otherwise structurally sound, capable of being improved and with a useful future life. It is not an alternative to clearance of those properties which are structurally unsound and clearly unfit for habitation and where satisfactory improvement is impossible.

The number of positive cultures of brucellosis obtained from routine milk sampling showed a disappointing increase and clearly demonstrated the difficulties encountered in eradicating this infection from herds and ensuring that they remain free. None-the-less the vital issue is the protection of the public and it was necessary to serve heat treatment orders on four occasions requiring milk from the herds to be made safe by heat treatment before being offered for sale to the public.

Finally, may I express on behalf of the department, gratitude for the understanding and courtesy of the members of the Council and to thank Mr. Goulden, the Chief Public Health Inspector, for his kind assistance and co-operation at all times.

I am,

Yours faithfully,

S. H. BROCK, M.B., B.Ch., D.P.H.

Medical Officer of Health.

SECTION I

Vital Statistics — 1971

STATISTICS

Area—13,289 acres.

Population—Registrar General's estimate of Resident
Population, mid. 1971—4,900.
Census 1971—4,782.

Number of dwellinghouses—1,993.

Rateable Value—£166,259 (1.4.71).

Estimated Product of a 1p rate (1971-72)—£1,540.

Summary of Vital Statistics*

	Total	M.	F.	
Live Births ...	67	37	30	Birth Rate (crude) per 1,000 population—13.7
Still Births ...	1	—	1	Rate per 1,000 total (live and still births—15
Total Live and Still Births ...	68	37	31	
Death of Infants—				Infant mortality rate per 1,000 live births
Under 1 year (total) ...	—	—	—	total—Nil
Under 1 year (legitimate)	—	—	—	1,000 legitimate live births—Nil
Under 1 year (illegitimate)	—	—	—	1,000 illegitimate live births—Nil
Under 4 weeks	—	—	—	Neo-natal mortality rate per 1,000 live births— Nil
Under 1 week	—	—	—	Early Neo-natal mortality rate per 1,000 live births—Nil
Illegitimate Live Births	2	1	1	Percentage of total live births—3
Maternal Deaths (associated with pregnancy or childbirth)	—	—	—	Maternal Mortality Rate per 1,000 live and still births—Nil
All Deaths ...	68	26	42	Death Rate (crude) per 1,000 population—13.9

*These figures include births outside the Urban District to mothers usually resident in Ripponden.

CAUSES OF DEATH IN RIPPONDEN U.D.

					1971	
					M.	F.
B19(3)	Malignant Neoplasm, Stomach	...	...	...	1	—
B19(4)	Malignant Neoplasm, Intestine	...	...	...	1	—
B19(7)	Malignant Neoplasm, Breast	...	...	...	—	2
B19(9)	Malignant Neoplasm, Prostate	...	...	...	1	—
B19(11)	Other Malignant Neoplasms	...	...	...	1	5
B23	Anaemias	...	...	...	—	1
B26	Chronic Rheumatic Heart Disease	...	...	...	—	3
B28	Ischaemic Heart Disease	...	...	...	12	13
B29	Other Forms of Heart Disease	...	...	...	1	4
B30	Cerebrovascular Disease	...	...	...	3	6
B46(6)	Other Diseases of Circulatory System	...	...	...	1	2
B32	Pneumonia	...	...	...	2	3
B33(1)	Bronchitis and Emphysema	...	...	...	1	—
B46(8)	Other Diseases of Digestive System	...	...	...	—	1
B46(9)	Other Diseases, Genito-Urinary System	...	...	...	—	2
BE49	Suicide and Self-inflicted Injuries	...	...	...	1	—
BE50	All other external causes	...	...	...	1	—
					<hr/>	
TOTAL, ALL CAUSES					26	42

Principal Vital Statistics for the year 1971.

Based on Registrar General's Figures—

	Ripponden U.D.	Sowerby Bridge U.D.	Hebden Royd U.D.	Hepton R.D.	Todmorden M.B.	Aggregate W. Rid. U.D.	W. Rid. Admin. County	England & Wales (Provisional Figures)
BIRTH RATE (adjusted) :— (Per 1,000 estimated population) ...	16.1	18.1	17.5	10.5	15.2	17.2	17.2	16.0
DEATH RATES (adjusted) :— (All per 1,000 estimated population)								
All Causes ...	13.6	14.6	12.6	15.9	14.3	12.5	12.3	11.6
Tuberculosis of respiratory system ...	—	—	—	—	0.07	0.02	0.02	0.02
Other forms of tuberculosis ...	—	—	—	—	—	0.01	0.01	0.01
Cancer ...	2.24	2.77	2.41	3.27	2.79	2.25	2.16	2.39
Vascular lesions of nervous system ...	1.84	2.16	2.18	2.38	2.73	1.86	1.75	**
Heart and circulatory diseases†	7.34	6.04	6.87	7.74	5.78	4.62	4.41	**
Respiratory Diseases :—† (excluding tuberculosis of respiratory system)	1.22	1.91	1.26	1.19	1.86	1.53	1.42	**
INFANT MORTALITY :— (Deaths under one year per 1,000 live births)	—	21.9	32.0	31.3	15.8	18.7	18.4	17.5
MATERNAL MORTALITY :— (Deaths of mothers associated with pregnancy or childbirth per 1,000 live and still-births)	—	—	—	—	—	0.09	0.10	0.17

‡ Combined death rate from heart disease and other diseases of the circulatory system.

† Combined death rate from influenza, pneumonia, bronchitis and other respiratory diseases, excluding tuberculosis of the respiratory system.

**Figures not available.

SECTION II

General Provision of Health Services

A. Hospitals

There is no hospital in Ripponden. Patients requiring hospital treatment are referred as a rule to hospitals under the administration of the Halifax Area Hospitals Management Committee (National Health Service). Included in this group are the Halifax General Hospital, Royal Halifax Infirmary, Northowram Hospital (for aged and chronic sick), Todmorden Fielden Hospital and Todmorden Stansfield View Hospital for mentally subnormal patients).

Maternity beds are available at the Halifax General Hospital. Priority in booking is given to abnormal cases, mothers expecting their first child, and mothers with unsatisfactory home conditions.

Special hospitals (e.g. Mental Hospitals, Orthopaedic Hospitals, Tuberculosis Sanatoria, etc.) outside the Halifax area are available when required ; they are situated in various parts of the so-called "Leeds Hospital Region" which in fact extends into all three Ridings.

B. Ambulance Facilities

The County Ambulance Service covers the Ripponden district through the Group Control at Birkenshaw and the Divisional Depot at Brighouse and it may be contacted by telephone No. Bradford 682211 or Halifax 62191. There is an agency agreement with Halifax County Borough whereby patients being transferred to and from Halifax Hospitals only are taken in Halifax ambulances the telephone number of the station being Halifax 60606.

C. Laboratory Facilities

These are provided by the Public Health Laboratory Service at laboratories in Wakefield and Bradford and by the Regional Blood Transfusion Service at Leeds. There are also facilities for the examination of clinical specimens, including cervical smears, at the Royal Halifax Infirmary.

D. Issue of Anti-Toxin, etc.

Supplies of diphtheria and tetanus anti-toxin are available at the Royal Halifax Infirmary for issue to medical practitioners requiring them. A supply of re-agents for diphtheria, tetanus, whooping cough, poliomyelitis, measles and rubella is available free of charge to private practitioners who have undertaken to participate in the West Riding County Council's schemes of immunisation.

SECTION III

W.R.C.C. PREVENTIVE HEALTH SERVICES

A. Clinics and Treatment Centres

The Maternity and Child Welfare Clinic is held at the Zion Congregational Sunday School, Ripponden, every Tuesday afternoon, and is attended by the Health Visitor.

From the beginning of the year a system of regular screening tests to assess the development of all pre-school children was introduced as part of the Child Health Service carried out by the health visitors and doctors.

B. Care of Mothers and Young Children

Ripponden Child Welfare Centre

Total number of children who attended during the year	143
Total number of attendances	1387

Home Visiting of Infants

Total number of live births to Ripponden mothers ...	67
Number of first visits to children under 1 year ...	74
Number of first visits to children aged 1—2 years ...	35
Number of first visits to children aged 2—5 years ...	76

Provision of Welfare Foods, etc.

A variety of brands of dried milk and other infant foods were also sold at the Child Welfare Centre for the convenience of mothers. National Dried Milk, cod liver oil, orange juice, etc. have been distributed at the Centre for many years. During the year, however, the Welfare Food Order, 1971, came into operation, the effect of which was to withdraw cheap welfare milk from all expectant and nursing mothers and children under school age but to extend entitlement to free Welfare milk for those at nutritional risk for financial or other reason. The Welfare Foods Scheme also provides vitamins for expectant and nursing mothers

and young children. Under the same Order, cod liver oil (Vit. A & D) was withdrawn in April, 1971, and Orange Juice (Vit. C) at the end of December, 1971. The reasons for this measure were firstly, the unpalatable taste of Cod Liver Oil for many children and secondly the belief that misuse of concentrated fruit syrups (such as Welfare Orange Juice) contributed to dental caries. These products have been replaced by Vit. A.D. & C. drops for children and Vit. A. D. & C. tablets for expectant and nursing mothers. The tablets contain, in addition, certain other essential nutritional requirements for the expectant and nursing mother.

These vitamin preparations are free to expectant and nursing mothers and children under school age in low income families in addition to free Welfare milk. Included in these are families in receipt of Supplementary Benefit or Family Income Supplement and any in special need because of low income. For families not entitled to free provision the cost of these preparations is very modest — about 5p for a six weeks supply.

Care of Premature Infants

Special equipment is available for use in the home in cases requiring it. Portable incubators are available at both the Halifax and Brighouse Ambulance Stations should it be necessary to transfer a premature infant to hospital.

Provision of Maternity Outfits

These are provided free to mothers preparing for confinement in their own homes.

C. Professional Nursing in the Home

The West Riding County Council is responsible for both home nursing and midwifery in this area. A Midwifery Nursing Officer (Miss Gaule) and Home Nursing Officer (Mrs. Briggs) were appointed during the year. There is one full-time Home Nurse and one full-time Midwife working in Ripponden and neighbouring parts of the Sowerby Bridge Urban District.

Midwifery Service

Number of home confinements	...	...	...	18
Number of hospital confinements	...	...	...	50

Relaxation classes were held regularly to include mothers from the Ripponden area.

Analgesia

The Ripponden Midwife is trained in the administration of both trilene and gas and air analgesia and is provided with the necessary equipment. Analgesia is available to all mothers desiring it subject to satisfactory medical examination by a doctor.

D. Health Visitor

The duties of the Health Visitor are combined with those of School Nurse. In pursuance of the National Health Service Act the scope of this service includes home visiting for the purpose of giving advice as to the care of children, of persons (including adults) suffering from illness, and of expectant and nursing mothers. The Health Visitor also gives advice in the home as to measures necessary to prevent the spread of infection. Throughout this health division as far as possible Health Visitors are attached to the practices of family doctors and serve the families on their medical lists rather than working in fixed districts. This attachment scheme has led to closer integration of the two services and this is very much appreciated.

Family Planning

Since April, 1971, the Family Planning Association have held weekly sessions in Allan House Clinic, Sowerby Bridge, taking cases from the Ripponden area as well as the immediate locality.

Cervical Cytology

This examination for early detection of cancer of the cervix is offered on a regular basis at Allan House Clinic at Sowerby Bridge and is also provided by the family doctors.

E. Home Helps

Under the Local Authority Social Services Act, 1970, responsibility for the Home Help Service came under the Social Services Department, and transfer was effected during 1971.

F. Care and after care

Special provisions are in operation for the care and after care of patients suffering from tuberculosis, mental illness or sub-normality, venereal disease, and other illness.

Tuberculosis

A full time tuberculosis health visitor is employed in the division. She attends the chest clinic at the Halifax Royal Infirmary and has helped to forge a valuable link with the hospital services. She is also responsible for visiting patients at home and helps to trace and supervise their contacts. In 1971, visits were paid to 77 households in the division.

Mental Health Service

Under the Local Authority Social Services Act, 1970, arrangements for the provision of Social Services (including advice and support) for the purpose of the prevention of mental disorder,

the care of persons suffering from mental disorder and the after care of such persons became the responsibility of the Social Services Department. Transfer of the Mental Welfare Officers and responsibility for Adult Training Centres took place during the year.

Under the Education (Handicapped Children) Act, 1970, provision was made to bring within the educational system those children who became or would previously have been deemed as being unsuitable for education at school, and responsibility for providing training for such children passed from the Health Department to the Education Department during the year under review. By these arrangements the former Junior Training Centres became designated as Special Schools.

G. School Health Service

Number of schools in district	...	...	...	...	4
Number of Children attending at end of 1971	...	...	...	...	339
Number of children examined at these schools during 1971	...	...	...	...	7
This figure being made up as follows :—					
Routine examination	...	...	...	...	Nil
Re-examinations	...	...	...	...	7
Number of above children referred for treatment	...	...	...	...	Nil

H. Immunisation and Vaccination

In accordance with the National Health Service Act, immunisation and vaccination of school children and pre-school children may be done either at the clinic or by the family doctor. Under the County Health Department's computer programme immunisations are offered during the pre-school period to protect against diphtheria, tetanus, whooping cough, polio and measles. Routine vaccination of infants against Smallpox was withdrawn in August, 1971, following the recommendation made to the Department of Health by the Advisory Committee on Vaccination and Immunisation and was based on progress made on the international front by the World Health Organisation Smallpox Eradication Programme and the view that, in this country, the risks of continuing the routine vaccination of infants outweigh the advantages as a precautionary measure.

In addition to booster immunisation given later in childhood, vaccination against tuberculosis is offered to those who require it at the age of 12 to 13 years and vaccination against German Measles to girls in the same age group who have no natural immunity.

SECTION IV

INFECTIOUS DISEASES

Summary of Notifications received during the year 1971

Disease.							Total Cases Notified.
Scarlet Fever	...	...	...	...	...	...	—
Whooping Cough	...	...	...	...	...	...	4
Acute poliomyelitis	...	...	...	...	...	...	—
Measles	...	...	...	...	...	...	47
Diphtheria	...	...	...	...	...	...	—
Meningococcal infection	...	...	...	...	...	...	—
Infective Jaundice	...	...	...	...	...	...	—
Dysentery	...	...	...	...	...	...	5
Smallpox	...	...	...	...	...	...	—
Acute encephalitis	...	...	...	...	...	...	—
Enteric or Typhoid fever	...	...	...	...	...	...	—
Paratyphoid fevers	...	...	...	...	...	...	—
Erysipelas	...	...	...	...	...	...	—
Food Poisoning	...	...	...	...	...	...	—
Puerpera pyrexia	...	...	...	...	...	...	—
Ophthalmia Neonatorum	...	...	...	...	...	...	—
Pulmonary tuberculosis	...	...	...	...	...	...	—
Other forms of Tuberculosis	...	...	...	...	...	...	—

Tuberculosis

The following table gives the position regarding tuberculosis in Ripponden 1971:—

	Respiratory			Non-Resp.			Ttls.
	M	F	Ttl.	M	F	Ttl.	
No. on Register on 1st January, 1971	5	5	10	—	—	—	10
No. first notified during 1971	—	—	—	—	—	—	—
No. of cases restored to Register	—	—	—	—	—	—	—
No. of cases entered in Register other than by notification	—	—	—	—	—	—	—
No. removed from Register during 1971:—							
(a) Died	—	—	—	—	—	—	—
(b) Removed from district	1	—	1	—	—	—	1
(c) Recovered	2	2	4	—	—	—	4
No. remaining on Register 31.12.71 ...	2	3	5	—	—	—	5

SECTION V

Sanitary Circumstances

Number of houses in district 1993

Water Supply

The Wakefield and District Water Board is now responsible for the public water supply in Ripponden.

No. of dwellinghouses on public supply 1743

No. of dwellinghouses not supplied from public mains but having a satisfactory private supply 250

Examination of Supplies

No. of samples examined:—

(a) Chemical—Nil.

(b) Plumbo-solvency—Nil.

(c) Bacteriological—57. The results of 29 of these samples were unsatisfactory.

Drainage and Sewerage

Number of houses connected to sewers	1589
Number of houses with satisfactory private drainage ...	353
Number of houses with unsatisfactory private drainage	51
Sewer extension during 1970—Barkisland pumping station and rising main were completed.	

Sewers are still required at Krumlin and outlying parts of Rishworth and Soyland, and sewage disposal works are required at Krumlin. Due to pumping sewage from Barkisland to Ripponden the small works at Barkisland is not now overloaded.

Sanitary Accommodation

Number of houses provided with W.C.	1946
Number of houses provided with waste water closets ...	17
Number of houses provided with pail closets	30
Number of pail closets, etc., converted to water carriage in 1971	22

Grants are made by the Council for conversion of privies, waste water closets and pails to W.C. system.

Nuisance Inspections

There were 4 nuisances found in 1971 which required abatement. (3 cases were carried forward from 1970). Informal notices were served and complied with in 7 cases.

Milk Sampling

No. of samples taken for:—

a) Tuberculosis—None.

b) Brucellosis—669.

No. positive on culture—64.

Movable Dwellings

No. of sites licensed for caravans for residential purposes	2
No. of caravans on these sites	24

Housing Statistics

Number of dwellinghouses in district	1993
No. of above which are back-to-back	94
No. of above which are single back	72
Number of houses included in Representations during the year:	
a) in Clearance Areas	18
b) individual unfit houses	2
Number of houses demolished in Clearance Areas ...	3
Number of unfit houses closed	2
Number of unfit houses made fit or houses in which defects were remedied	Nil
Number of certificates of disrepair granted (Rent Act, 1957)	Nil
Number of new dwellings completed during the year:—	
a) by the Local Authority	Nil
b) by Private Enterprise	12
Number of applications for improvement grant received	35
Number of applications for improvement grant approved	33
Number of dwellings in which improvements were completed	34

PREScribed PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1961

Part I of the Act

Inspections for the purposes as to provisions as to health

Premises	Number on Register	Number of Inspections Written N'tic's		Prosecutions
(1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	26	14	—	—
(2) Factories (not included in (1) above) in which Section 7 is enforced by Local Authority	—	—	—	—
(3) Other premises in which Section 7 is enforced by Local Authority (excluding outworkers' premises) ...	—	—	—	—
TOTAL ...	26	14	—	—

Premises in which defects were found

Defects	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			By H.M. Inspector	To H.M. Inspector	
Want of cleanliness (S.1) ...	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences :—					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective...	—	—	—	—	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL ...	—	—	—	—	—

Part VIII of the Act

Outwork — Sections 133 — 134

Nature of Work	SECTION 133				SECTION 134	
	No. of outworkers in Aug. List required by Sec. 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel (Making, etc., cleaning and washing)	—	—	—	—	—	—

